24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Spirit of Democracy America	C C00521211
Check If 24-hour report	
Full Name (Last, First, Middle Initial) of Payee MB Public Affairs, Inc.	Date
Mailing Address 1415 L Street, Suite 1260	10 / 09 / 2012
	mount
City State Zip Code	15000.00
	ansaction ID : EDT.E.39
Purpose of Expenditure Professional Services Category/ Type 24E Office S	Sought: House State: CA Senate District: 24
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
Abel Maldonado Check (One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburs 2012	ement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name (Last, First, Middle Initial) of Payee	Pate
McNally Temple Associates, Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1817 Capitol Avenue	
	mount
City State Zip Code Sacramento CA 95811	4575.00
Purpose of Expenditure Campaign Consultants Category/ Type 24E	Senate Service
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 24
Abel Maldonado Check	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 382063.08 Disburs 2012	ement For: Primary General Other (specify)
() QUIDTOTAL ()	
(a) SUBTOTAL of Itemized Independent Expenditures	19575.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Thomas W. Hiltachk [Electronically Filed] Date 10	/ D = D / Y = Y = Y = Y = Y
Signature	